From: Dakota Flowers <dakotaf@safechain.com>

 Sent:
 Wed 9/23/2020 6:52:20 PM (UTC)

 To:
 Pat Boyd <PatB@Safechain.com>

Cc: compliance <compliance@Safechain.com>

Subject: FW: Olympia Pharmacy Invoices

 Attachment:
 PED.0132431 9.4.20.pdf

 Attachment:
 PED.01I32561 9.8.20.pdf

 Attachment:
 PED.01I32699 9.10.20.pdf

 Attachment:
 PED. 01I32805 9.11.20.pdf



**Dakota Flowers** | Compliance Support Specialist Safe Chain Solutions, LLC 822 Chesapeake Drive | Cambridge, MD 21613 office: 855.437.5727 x1022 | fax: 866.930.1128 www.SafeChain.com | Linkedin

From: Dakota Flowers

**Sent:** Tuesday, September 15, 2020 11:08 AM **To:** Jonathan Nicholls <JonathanN@Safechain.com>

Subject: RE: Olympia Pharmacy Invoices

We have received and Completed all of T3's for the 9/2/20 invoice, 9/10/20 invoice, and 9/11/20 invoice.

I have all but the T3's besides the 4 for Genvoya for the 9/4/20 invoice. I have attached them all, obviously beside the one that are missing. As soon as I figure out what BLVD9229 is doing and as soon as they send me their pedigrees, I will update ours, I promise!

Please inform Olympia some T3's are two pages, so it may look confusing when first looking at them



**Dakota Flowers** | Compliance Support Specialist Safe Chain Solutions, LLC 822 Chesapeake Drive | Cambridge, MD 21613 office: 855.437.5727 x1022 | fax: 866.930.1128 www.SafeChain.com | Linked in

**From:** Jonathan Nicholls < <u>JonathanN@Safechain.com</u>>

Sent: Tuesday, September 15, 2020 8:46 AM

GOVERNMENT EXHIBIT

161

1:24-cr-20255-WPD

To: Dakota Flowers < <a href="mailto:dakotaf@safechain.com">dakotaf@safechain.com</a> Subject: Olympia Pharmacy Invoices

### Here you go



### Jon Nicholls | Senior Account Executive

Safe Chain Solutions, LLC 822 Chesapeake Drive | Cambridge, MD 21613 office: 410.221.3107 | cell: 443.521.7904 | fax: 866.930.1128 www.SafeChain.com | Linked in

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

**DESCOVY TAB 30CT,** 

200/25MG NDC: 61958-2002-01

Lot Number Quantity U

Lot Number Quantity Unique Serial # 021088 17

Reference Number:

**Reference Date:** 

01132431

Document Type: Invoice

09/04/20

### (TH) Transaction History

Manufacturer's Name: GILEAD SCIENCES

Manufacturer's information 800 WHEELER AVE LA VERNE, CA 91750

SOLD TO:

Name: DROGUERIA BETANCES

SHIPPED TO:

Name: DROGUERIA BETANCES

Address: LUIS MUNOZ MARIN AVE
CAGUAS PR 00725

Address: LUIS MUNOZ MARIN AVE
CAGUAS PR 00725

Date Purchased & Ref :7/24/20 114185 Date Received & Ref : 7/24/20 114185

SOLD TO: SHIPPED TO:

Name: GENTEK LLC | Name: GENTEK LLC

Address: 45 CEDAR ST UNIT 3 Address: 45 CEDAR ST UNIT 3
STAMFORD CT 06902 STAMFORD CT 06902

Date Purchased & Ref : 08/03/20 851039 Date Received & Ref : 8/3/20 851039

SOLD TO: SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC Name: SAFE CHAIN SOLUTIONS

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

CAMBRIDGE MD 21613

CAMBRIDGE MD 21613

Date Purchased & Ref: 08/07/20 PO#01209221 | Date Received & Ref: 08/12/20 RC#013601

SOLD TO: SHIPPED TO:

Name: OLYMPIA PLAZA PHARMACY INC
Address: 5901 W OLYMPIC BLVD STE 103

Name: OLYMPIA PLAZA PHARMACY INC
Address: 5901 W OLYMPIC BLVD STE 103

LOS ANGELES CA 90036 | LOS ANGELES CA 90036

Date Purchased & Ref : 09/04/20 01S30114001 | Date Received & Ref : 09/04/20 01S30114001

SOLD TO:
Name:

SHIPPED TO:
Name:

Address: Address:

Date Purchased & Ref : Date Received & Ref :

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 1 of 1 pages.

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

**DESCOVY TAB 30CT.** 

NDC: 61958-2002-01

200/25MG

021596

Unique Serial # Lot Number Quantity 021086 1 021087 6

Reference Number: **Document Type:** 

**Reference Date:** 

CAGUAS PR 00725

09/04/20

01132431

Invoice

### (TH) Transaction History

Manufacturer's Name: **GILEAD SCIENCES** 

13

Manufacturer's information:800 WHEELER AVENUE LA VERNE, CA 91750

SOLD TO: SHIPPED TO: Name: **DROGUERIA BETANCES DROGUERIA BETANCES** Name: Address: LUIS MUNOZ MARIN AVE Address: LUIS MUNOZ MARIN AVE

CAGUAS PR 00725

Date Purchased & Ref 7/24/20 114185 Date Received & Ref 7/24/20

114185

SOLD TO: SHIPPED TO:

Name: **GENTEK LLC GENTEK LLC** Name:

Address: 45 CEDAR ST UNIT 3 Address: 45 CEDAR ST UNIT 3 STAMFORD CT 06902 STAMFORD CT 06902

Date Purchased & Ref: 08/03/20 851039 Date Received & Ref: 8/3/20 851039

SOLD TO: SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC SAFE CHAIN SOLUTIONS Name: Address: 822 CHESAPEAKE DR Address: 822 CHESAPEAKE DR

**CAMBRIDGE MD 21613 CAMBRIDGE MD 21613** 

Date Purchased & Ref: 08/07/20 PO#01209222 Date Received & Ref: 08/17/20 RC#013661

SOLD TO: SHIPPED TO:

Name: **OLYMPIA PLAZA PHARMACY INC OLYMPIA PLAZA PHARMACY INC** Name: Address: 5901 W OLYMPIC BLVD STE 103 Address: 5901 W OLYMPIC BLVD STE 103

**LOS ANGELES CA 90036 LOS ANGELES CA 90036** 

01S30114001 Date Purchased & Ref: 09/04/20 Date Received & Ref: 09/04/20 01S30114001

SOLD TO: SHIPPED TO: Name: Name:

Address: Address:

Date Purchased & Ref: Date Received & Ref:

### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 1 of 2 pages.

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

**DESCOVY TAB 30CT.** 

NDC: 61958-2002-01

200/25MG

Unique Serial # Lot Number Quantity 6425304A 13

Reference Number:

**Reference Date:** 

01132431

Invoice **Document Type:** 

09/04/20

### (TH) Transaction History

Manufacturer's Name: **GILEAD SCIENCES** 

Manufacturer's information:800 WHEELER AVENUE LA VERNE, CA 91750

SOLD TO: SHIPPED TO: Name: **DROGUERIA BETANCES DROGUERIA BETANCES** Name: Address: LUIS MUNOZ MARIN AVE Address: LUIS MUNOZ MARIN AVE CAGUAS PR 00725 CAGUAS PR 00725

Date Purchased & Ref 7/24/20 Date Received & Ref 7/24/20 114185 114185

SHIPPED TO: SOLD TO:

Name: **GENTEK LLC GENTEK LLC** Name:

Address: 45 CEDAR ST UNIT 3 Address: 45 CEDAR ST UNIT 3 STAMFORD CT 06902 STAMFORD CT 06902

851039 Date Purchased & Ref: 08/03/20 Date Received & Ref: 8/3/20 851039

SOLD TO:

SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC SAFE CHAIN SOLUTIONS Name: Address: 822 CHESAPEAKE DR Address: 822 CHESAPEAKE DR

> **CAMBRIDGE MD 21613 CAMBRIDGE MD 21613**

Date Purchased & Ref: 08/07/20 PO#01209222 Date Received & Ref: 08/17/20 RC#013661

SOLD TO: SHIPPED TO:

Name: **OLYMPIA PLAZA PHARMACY INC OLYMPIA PLAZA PHARMACY INC** Name: Address: 5901 W OLYMPIC BLVD STE 103 Address: 5901 W OLYMPIC BLVD STE 103

**LOS ANGELES CA 90036 LOS ANGELES CA 90036** 

01S30114001 Date Purchased & Ref: 09/04/20 Date Received & Ref: 09/04/20 01S30114001

SOLD TO: SHIPPED TO: Name: Name: Address: Address:

Date Purchased & Ref: Date Received & Ref:

### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

ATRIPLA TAB 30CT, 600; 200; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLE, PLA

Reference Number: 01l32431

SUN PRAIRIE, WI 53590

Document Type: Invoice

Reference Date: 09/04/20

Lot Number Quantity Unique Serial # 016332 1

### (TH) Transaction History

Manufacturer's Name: GILEAD SCIENCES

SUN PRAIRIE, WI 53590

Manufacturer's information 800 WHEELER AVENUE LA VERNE, CA 91750

SOLD TO:
Name: INDEPENDENT PHARMACY COOPERATIVE

| SHIPPED TO:
| Name: INDEPENDENT PHARMACY COOPERATIVE

 Name:
 INDEPENDENT PHARMACY COOPERATIVE
 Name:
 INDEPENDENT PHARMAC

 Address:
 1500 COLUMBUS STREET
 Address:
 1500 COLUMBUS STREET

**Date Purchased & Ref** 5/6/20 PO#159652 Date Purchased & Ref : 5/6/20 PO#159652

SOLD TO: SHIPPED TO:

Name: STAINRX Name: STAINRX

Address: 807 STANLEY AVENUE | Address: 807 STANLEY AVENUE

BROOKLYN, NY 11207 BROOKLYN, NY 11207

**Date Purchased & Ref** 5/18/20 PO#1SN3315 Date Purchased & Ref : 5/18/20 PO#1SN3315

Date Fulcitased & Net 5/10/20

SOLD TO: SHIPPED TO:

Name: BNR WHOLESALER
Address: 3858 NOSTRAND AVENUE

Name: BNR WHOLESALER
Address: 3858 NOSTRAND AVENUE

BROOKLYN, NY 11235 BROOKLYN, NY 11235

**Date Purchased & Ref**: 05/22/20 PO#01A2566 Date Purchased & Ref: 05/22/20 **01S30114001** 

SOLD TO: SHIPPED TO:

Name: BOULEVARD 9229 LLC
Address: 9229 QUEENS BLVD

Name: BOULEVARD 9229 LLC
Address: 9229 QUEENS BLVD

REGO PARK NY 11374 REGO PARK NY 11374

Date Purchased & Ref 5/27/20 PO#01208268 | Date Purchased & Ref 06/08/20 PO#01208268

SOLD TO: SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC
Address: 822 CHESAPEAKE DR
Name: SAFE CHAIN SOLUTIONS
Address: 822 CHESAPEAKE DR

822 CHESAPEAKE DR Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613

Date Purchased & Ref: 07/31/20 PO#01209513 | Date Received & Ref: 07/31/20 RC#013890

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 1 of 1 pages.

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: ATRIPLA TAB 30CT, 600; 200; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED in 1 BOTTLI Reference Number: 01l32431					n 1 BOTTLE, PL
NDC: 15584-0101-01			Document Type:	Invoice	_
Lot Number	Quantity	Unique Serial #	Reference Date:	09/04/20	
016332	1				

### (TH) Transaction History (Continued)

SOLD TO:	SHIPPED TO:	
Name: OLYMPIA PLAZA PHARMACY INC	Name: OLYMPIA PLAZA PHARMACY INC	
Address: 5901 W OLYMPIC BLVD STE 103	Address: 5901 W OLYMPIC BLVD STE 103	
LOS ANGELES CA 90036	LOS ANGELES CA 90036	
Date Purchased & Ref : 09/04/20 01S30114001	Date Received & Ref : 09/04/20 01S30114001	
SOLD TO:	SHIPPED TO:	
Name:	Name:	
Address:	Address:	
Date Purchased & Ref :	Date Received & Ref :	
SOLD TO:	SHIPPED TO:	
Name:	Name:	
Address:	Address:	
Date Purchased & Ref :	Date Received & Ref :	
SOLD TO:	SHIPPED TO:	
Name:	Name:	
Address:	Address:	
Date Purchased & Ref :	Date Received & Ref :	
SOLD TO:	SHIPPED TO:	
Name:	Name:	
Address:	Address:	
Date Purchased & Ref :	Date Received & Ref :	

- (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) (G)
- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

**ATRIPLA TAB 30CT** 

NDC: 15584-0101-01

Lot Number Quantity Unique Serial # 015850

Reference Number:

**Reference Date:** 

01132431

INVOICE **Document Type:** 

07/31/2020

### (TH) Transaction History

Manufacturer's Name: Gilead Sciences, Inc.

Manufacturer's information 1800 WHEELER AVENUE LA VERNE, CA 91750

SOLD TO:

Name: **Independent Pharmacy Cooperative** 

1550 Columbus Street Address:

Sun Prairie, WI 53590

Date Purchased & Ref: 05/01/20 PO#159632 SHIPPED TO:

Name: **Independent Pharmacy Cooperative** 

1550 Columbus Street Address: Sun Prairie, WI 53590

Date Received & Ref: 05/11/20

SOLD TO:

Name: LMP Pharmacy

Address: 7535 Main Str

Flushing, NY 11367

Date Purchased & Ref: PO#5248 05/26/20

SHIPPED TO:

LMP Pharmacy Name: 7535 Main Str

Address: Flushing, NY 11367

Date Received & Ref: 05/26/20

SOLD TO:

Name:

**BNR Wholesaler** 

Address: 3858 Nostrand Ave

Brooklyn, NY 11235

Date Purchased & Ref:

PO#01A2608

SHIPPED TO:

Name: **BNR Wholesaler** Address: 3858 Nostrand Ave

Brooklyn, NY 11235

06/05/20 Date Received & Ref :

SOLD TO:

Name: **BOULEVARD 9229 LLC** 

Address: 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

PO#01208543

06/05/20

SHIPPED TO:

Name: **BOULEVARD 9229 LLC** Address: 9229 QUEENS BLVD STE 11

**REGO PARK, NY 11374** 

06/10/20 06/24/20 Date Purchased & Ref: Date Received & Ref:

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

**CAMBRIDGE MD 21613** 

Date Purchased & Ref: 07/31/20 PO#9134 SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC Address:

**822 CHESAPEAKE DR CAMBRIDGE MD 21613** 

Date Received & Ref : 07/31/20

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

Page: 1 of 2 pages.

### (TI) Transaction Information

Drug Name, Stren		n, Container Size:			
			Reference Number:	01132431	
NDC: 15584-0101-01			Document Type:	INVOICE	
Lot Number	Quantity	Unique Serial #	Reference Date:	07/31/2020	
015850	1			_	

### (TH) Transaction History (Cont.)

SOLD TO: Name: OLYMPIA PLAZA PHARMACY INC Address: 5901 W OLYMPIC BLVD STE 103	SHIPPED TO: Name: OLYMPIA PLAZA PHARMACY INC Address: 5901 W OLYMPIC BLVD STE 103
	LOS ANGELES CA 90036
LOS ANGELES CA 90036	
Date Purchased & Ref: 09/04/20 01S30114001	Date Received & Ref : 09/04/20 01S30114001
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
7.001000	, and ooo.
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
	/ Name of the least of the leas
Date Purchased & Ref: 06/05/20 PO#0142608	Date Received & Ref : 06/05/20
Date Purchased & Ref : 06/05/20 PO#01A2608	Date Neceived & Nei . 383823
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Addiess.	Audiess.
Date Purchased & Ref :	Date Received & Ref :

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

**ATRIPLA TAB 30CT** 

 NDC: 15584-0101-01
 Quantity
 Unique Serial #

 016666
 1

Reference Number: 01l32431

Document Type: INVOICE

Reference Date: 07/29/2020

### (TH) Transaction History

Manufacturer's Name: Gilead Sciences, Inc.

Manufacturer's information 1800 WHEELER AVENUE LA VERNE, CA 91750

SOLD TO:

Name: Independent Pharmacy Cooperative

Name: Independent Pharmacy Cooperative

Name: Independent Pharmacy Cooperative Name: Independent Pharmacy Cooperative

Address: 1550 Columbus Street Address: 1550 Columbus Street

Sun Prairie, WI 53590 Sun Prairie, WI 53590

Date Purchased & Ref: 05/05/20 PO#159649 Date Received & Ref: 05/08/20

SOLD TO: SHIPPED TO:

Name: LMP Pharmacy
Address: 7535 Main Str

Name: LMP Pharmacy
7535 Main Str

7535 Main Str
Flushing, NY 11367

Address: 7535 Main Str
Flushing, NY 11367

Date Purchased & Ref: 05/29/20 PO#5254 Date Received & Ref: 05/29/20

SOLD TO: SHIPPED TO:

Name: BNR Wholesaler RNR Wholesaler

Address: 3858 Nostrand Ave Brooklyn, NY 11235

Address: 3858 Nostrand Ave Brooklyn, NY 11235

Date Purchased & Ref: 06/02/20 PO#01A2597 Date Received & Ref: 06/02/20

SOLD TO: SHIPPED TO:

Name: BOULEVARD 9229 LLC
Address: 9229 QUEENS BLVD STE 11
Name: BOULEVARD 9229 LLC
Address: 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374 REGO PARK, NY 11374

Date Purchased & Ref : 06/10/20 PO#01208593 | Date Received & Ref : 06/26/20

SOLD TO: SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613

Date Purchased & Ref : 07/29/20 PO#9125 | Date Received & Ref : 07/29/20

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and

### (TI) Transaction Information

Drug Name, Stren		n, Container Size:		
			Reference Number:	01 32431
NDC: 15584-0101-01			Document Type:	INVOICE
Lot Number	Quantity	Unique Serial #	Reference Date:	07/29/2020
016666	1			_

### (TH) Transaction History (Cont.)

SOLD TO: Name: OLYMPIA PLAZA PHARMACY INC Address: 5901 W OLYMPIC BLVD STE 103 LOS ANGELES CA 90036  Date Purchased & Ref: 09/04/20 01s30114001	SHIPPED TO: Name: OLYMPIA PLAZA PHARMACY INC Address: 5901 W OLYMPIC BLVD STE 103 LOS ANGELES CA 90036  Date Received & Ref: 09/04/20 01830114001
2 at 5 1 at 511	01000114001
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :

- (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) (G)
- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TRIUMEQ , 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED

in 1 BOTTLE Reference Number: 01I32561

NDC: 49702-0231-13 Document Type: INVOICE

Lot NumberQuantityUnique Serial #PL3D2VW6H1PG9F2

Reference Date: 09/08/2020

### (TH) Transaction History

Manufacturer's Name: ViiV Healthcare

Manufacturer's informationFive Moore Drive, Research Triangle Park, North Carolina 27709-3398

SOLD TO:

Name: Independent Pharmacy Cooperative

Name: Independent Pharmacy Cooperative

Name: Independent Pharmacy Cooperative Name: Independent Pharmacy Cooperative

Address: 1550 Columbus Street Address: 1550 Columbus Street

Sun Prairie, WI 53590 Sun Prairie, WI 53590

Date Purchased & Ref: 07/22/20 PO#160092 Date Received & Ref: 07/22/20

SOLD TO: SHIPPED TO:

Name: StainRx
Address: 807 Stanley Ave

Name: StainRx
Address: 807 Stanley Ave

807 Stanley Ave
Brooklyn, NY 11207

Address: 807 Stanley Ave
Brooklyn, NY 11207

Date Purchased & Ref: 08/12/20 PO#1SN3515 Date Received & Ref: 08/12/20

SOLD TO: SHIPPED TO:

Name: BNR Wholesaler
Address: 3858 Nostrand Ave

Name: BNR Wholesaler
Address: 3858 Nostrand Ave
Address: 3858 Nostrand Ave

Brooklyn, NY 11235 Brooklyn, NY 11235

Date Purchased & Ref: 08/24/20 PO#01A2820 | Date Received & Ref: 08/24/20

SOLD TO: SHIPPED TO:

Name: BOULEVARD 9229 LLC
Address: 9229 QUEENS BLVD STE 11

Name: BOULEVARD 9229 LLC
Address: 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374 REGO PARK, NY 11374

Date Purchased & Ref : 09/02/20 PO#01209608 | Date Received & Ref : 09/02/20

SOLD TO: SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR B22 CHESAPEAKE DR CAMBRIDGE MD 21613 CAMBRIDGE MD 21613

Date Purchased & Ref: 09/08/20 PO#9268 Date Received & Ref: 09/08/20

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TRIUMEQ, 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED

in 1 BOTTLE Reference Number: 01/32561

NDC: 49702-0231-13

Lot NumberQuantityUnique Serial #PL3D2VW6H1PG9F2

Document Type: INVOICE
Reference Date: 09/08/2020

### (TH) Transaction History (Cont.)

SOLD TO:	SHIPPED TO:	
Name: OLYMPIA PLAZA PHARMACY INC 5901 W	Name: OLYMPIA PLAZA PHARMACY INC 5901 W	
Address: OLYMPIC BLVD STE 103	Address: OLYMPIC BLVD STE 103	
LOS ANGELES CA 90036	LOS ANGELES CA 90036	
Date Purchased & Ref : 09/08/20 01S29942002	Date Received & Ref : 09/08/20 01S29942002	
SOLD TO:	SHIPPED TO:	
Name:	Name:	
Address:	Address:	
Date Purchased & Ref :	Date Received & Ref :	
SOLD TO:	SHIPPED TO:	
Name:	Name:	
Address:	Address:	
Date Purchased & Ref :	Date Received & Ref :	
SOLD TO:	SHIPPED TO:	
Name:	Name:	
Address:	Address:	
7 da 1000.	Addices.	
Date Purchased & Ref :	Date Received & Ref :	
SOLD TO:	SHIPPED TO:	
Name:	Name:	
Address:	Address:	
	7.44	
Date Purchased & Ref :	Date Received & Ref :	

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TRIUMEQ, 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED

in 1 BOTTLE Reference Number: 01I32561

NDC: 49702-0231-13

Document Type: INVOICE

 Lot Number
 Quantity
 Unique Serial #

 KD2R
 1

 X46V
 1

 V59A
 1

**Reference Date:** 09/08/2020

### (TH) Transaction History

Manufacturer's Name: ViiV Healthcare

Manufacturer's informationFive Moore Drive, Research Triangle Park, North Carolina 27709-3398

SOLD TO: SHIPPED TO: Name: Independent Pharmacy Cooperative Name:

Name: Independent Pharmacy Cooperative
Address: 1550 Columbus Street | Name: Independent Pharmacy Cooperative
Address: 1550 Columbus Street | Address: 1550 Columbus Street

Sun Prairie, WI 53590 Sun Prairie, WI 53590

Date Purchased & Ref: 07/29/20 PO#160125 Date Received & Ref: 07/29/20

SOLD TO: SHIPPED TO:

Name: StainRx
Address: 807 Stanley Ave

Name: StainRx
Address: 807 Stanley Ave

807 Stanley Ave
Brooklyn, NY 11207

Address: 807 Stanley Ave
Brooklyn, NY 11207

Date Purchased & Ref: 08/10/20 PO#1SN3510 Date Received & Ref: 08/10/20

SOLD TO: SHIPPED TO:

Name: BNR Wholesaler
Address: 3858 Nostrand Ave
Address: 3858 Nostrand Ave

ress: 3858 Nostrand Ave Brooklyn, NY 11235 Address: 3858 Nostrand Ave Brooklyn, NY 11235

Date Purchased & Ref: 08/21/20 PO#01A2802 Date Received & Ref: 08/21/20

SOLD TO: SHIPPED TO:

Name: BOULEVARD 9229 LLC
Address: 9229 QUEENS BLVD STE 11
Name: BOULEVARD 9229 LLC
Address: 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374 REGO PARK, NY 11374

Date Purchased & Ref: 09/02/20 PO#01209608 | Date Received & Ref: 09/02/20

SOLD TO: SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613

Date Purchased & Ref: 09/08/20 Po#9268 || Date Received & Ref: 09/08/20

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TRIUMEQ, 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED

01132561 Reference Number: in 1 BOTTLE **INVOICE Document Type:** 

NDC: 49702-0231-13

1

09/08/2020 Lot Number Quantity **Unique Serial # Reference Date:** KD2R X46V 1

### (TH) Transaction History (Cont.)

V59A

SOLD TO: SHIPPED TO: Name: Name: **OLYMPIA PLAZA PHARMACY INC 5901 W** OLYMPIA PLAZA PHARMACY INC 5901 W Address: OLYMPIC BLVD STE 103 Address: OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 **LOS ANGELES CA 90036** Date Purchased & Ref: 09/08/20 Date Received & Ref: 09/08/20 01S29942002 01S29942002 SOLD TO: SHIPPED TO: Name: Name: Address: Address: Date Purchased & Ref: Date Received & Ref: SOLD TO: SHIPPED TO: Name: Name: Address: Address: Date Purchased & Ref: Date Received & Ref: SOLD TO: SHIPPED TO: Name: Name: Address: Address: Date Purchased & Ref: Date Received & Ref: SOLD TO: SHIPPED TO: Name: Name: Address: Address: Date Purchased & Ref: Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TRIUMEQ , 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED

in 1 BOTTLE Reference Number: 01l32561

NDC: 49702-0231-13 Document Type: INVOICE

 Lot Number
 Quantity
 Unique Serial #

 WE7K
 1

 SE9Y
 1

**Reference Date:** 09/08/2020

### (TH) Transaction History

Manufacturer's Name: ViiV Healthcare

Manufacturer's informationFive Moore Drive, Research Triangle Park, North Carolina 27709-3398

SOLD TO:

Name: Independent Pharmacy Cooperative

Name: Independent Pharmacy Cooperative

Name: Independent Pharmacy Cooperative Name: Independent Pharmacy Cooperative

Address: 1550 Columbus Street Address: 1550 Columbus Street

Sun Prairie, WI 53590 Sun Prairie, WI 53590

Date Purchased & Ref : 07/23/20 PO#160098 | Date Received & Ref : 07/23/20

SOLD TO: SHIPPED TO:

Name: StainRx
Address: 807 Stanley Ave

Name: StainRx
Address: 807 Stanley Ave

807 Stanley Ave
Brooklyn, NY 11207

Address: 807 Stanley Ave
Brooklyn, NY 11207

Date Purchased & Ref: 08/07/20 PO#1SN3508 Date Received & Ref: 08/07/20

SOLD TO: SHIPPED TO:

Name: BNR Wholesaler Name: BNR Wholesaler

Address: 3858 Nostrand Ave
Brooklyn, NY 11235

Address: 3858 Nostrand Ave
Brooklyn, NY 11235

Date Purchased & Ref: 08/25/20 PO#01A2828 Date Received & Ref: 08/25/20

SOLD TO: SHIPPED TO:

Name: BOULEVARD 9229 LLC
Address: 9229 QUEENS BLVD STE 11

Name: BOULEVARD 9229 LLC
Address: 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374 REGO PARK, NY 11374

Date Purchased & Ref: 09/02/20 PO#01209608 | Date Received & Ref: 09/02/20

SOLD TO: SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613

Date Purchased & Ref: 09/08/20 PO#9268 | Date Received & Ref: 09/08/20

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TRIUMEQ, 600; 50; 300 mg/1; mg/1; mg/1, TABLET, FILM COATED, 30 TABLET, FILM COATED

in 1 BOTTLE Reference Number: 01l32561

NDC: 49702-0231-13 Document Type: INVOICE

Lot NumberQuantityUnique Serial #WE7K1SE9Y1

**Reference Date:** 09/08/2020

### (TH) Transaction History (Cont.)

SOLD TO:	SHIPPED TO:
Name: OLYMPIA PLAZA PHARMACY INC 5901 W	Name: OLYMPIA PLAZA PHARMACY INC 5901 W
Address: OLYMPIC BLVD STE 103	Address: OLYMPIC BLVD STE 103
LOS ANGELES CA 90036	LOS ANGELES CA 90036
Date Purchased & Ref : 09/08/20 01S29942002	Date Received & Ref : 09/08/20 01S29942002
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :

- (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) (G)
- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

ODEFSEY TAB 30CT, 200; 25; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC

Reference Number: 01l32561

NDC: 61958-2101-01

Document Type: INVOICE

**Reference Date:** 

09/08/2020

 Lot Number
 Quantity
 Unique Serial #

 020236
 2

 020236
 2

### (TH) Transaction History

Manufacturer's Name: Gilead Sciences, Inc.

Manufacturer's information wheeler ave LA VERNE, CA 91750

SOLD TO: SHIPPED TO:

Name: Independent Pharmacy Cooperative

Name: Independent Pharmacy Cooperative

Address: 1550 Columbus Street

Address: 1550 Columbus Street Sun Prairie, WI 53590 Address: 1550 Columbus Street Sun Prairie, WI 53590

Date Purchased & Ref: 07/24/20 PO#160103 Date Received & Ref: 07/24/20

SOLD TO: SHIPPED TO:

Name: StainRx
Address: 807 Stanley Ave

Name: StainRx
Address: 807 Stanley Ave

Brooklyn, NY 11207 Rooklyn, NY 11207

Date Purchased & Ref: 08/13/20 PO#1SN3517 Date Received & Ref: 08/13/20

SOLD TO: SHIPPED TO:

Name: BNR Wholesaler
Address: 3858 Nostrand Ave

Name: BNR Wholesaler
Address: 3858 Nostrand Ave

Brooklyn, NY 11235 Brooklyn, NY 11235

Date Purchased & Ref: 08/20/20 PO#01A2798 | Date Received & Ref: 08/20/20

SOLD TO: SHIPPED TO:

Name: BOULEVARD 9229 LLC
Address: 9229 QUEENS BLVD STE 11

Name: BOULEVARD 9229 LLC
Address: 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374 REGO PARK, NY 11374

Date Purchased & Ref: 09/02/20 PO#01209608 | Date Received & Ref: 09/02/20

SOLD TO: SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613

Date Purchased & Ref: 09/08/20 PO#9268 Date Received & Ref: 09/08/20

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

ODEFSEY TAB 30CT, 200; 25; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC

Reference Number: 01l32561

09/08/2020

NDC: 61958-2101-01

Document Type: INVOICE

**Reference Date:** 

 Lot Number
 Quantity
 Unique Serial #

 020236
 2

 020235
 2

### (TH) Transaction History (Cont.)

SOLD TO: SHIPPED TO: Name: Name: **OLYMPIA PLAZA PHARMACY INC 5901 W OLYMPIA PLAZA PHARMACY INC 5901 W** Address: OLYMPIC BLVD STE 103 Address: OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 **LOS ANGELES CA 90036** Date Received & Ref: 09/08/20 Date Purchased & Ref: 09/08/20 01S29942002 01S29942002 SOLD TO: SHIPPED TO: Name: Name: Address: Address: Date Purchased & Ref: Date Received & Ref: SOLD TO: SHIPPED TO: Name: Name: Address: Address: Date Purchased & Ref: Date Received & Ref: SOLD TO: SHIPPED TO: Name: Name: Address: Address: Date Purchased & Ref: Date Received & Ref: SOLD TO: SHIPPED TO: Name: Name: Address: Address: Date Purchased & Ref: Date Received & Ref:

- (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) (G)
- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

SYMTUZA 30CT, 800; 150; 200; 10 mg/1; mg/1; mg/1; mg/1, TABLET, FILM COATED

30 TABLET, FILM COATED in 1 BOTTLE Reference Number: 01I32699

NDC: 59676-0800-30

Document Type: INVOICE

Reference Date: 09/10/2020

 Lot Number
 Quantity
 Unique Serial #

 20EG062
 3

 20GG131
 2

 20AG853X
 1

### (TH) Transaction History

Manufacturer's Name: Janssen Pharmaceuticals, Inc.

Manufacturer's information1000 U.S. Route 202 South, Raritan, NJ 08869

SOLD TO:

Name: Independent Pharmacy Cooperative

Name: Independent Pharmacy Cooperative

Name: Independent Pharmacy Cooperative Name: Independent Pharmacy Cooperative

Address: 1550 Columbus Street Address: 1550 Columbus Street

Sun Prairie, WI 53590 Sun Prairie, WI 53590

Date Purchased & Ref : 07/29/20 PO#160125 | Date Received & Ref : 07/29/20

SOLD TO: SHIPPED TO:

Name: StainRx
Address: 807 Stanley Ave

Name: StainRx
Address: 807 Stanley Ave

807 Stanley Ave
Brooklyn, NY 11207

Address: 807 Stanley Ave
Brooklyn, NY 11207

Date Purchased & Ref: 08/18/20 PO#1SN3523 Date Received & Ref: 08/18/20

SOLD TO: SHIPPED TO:

Name: BNR Wholesaler
Address: 3858 Nostrand Ave

Name: BNR Wholesaler
Address: 3858 Nostrand Ave

Brooklyn, NY 11235 Brooklyn, NY 11235

Date Purchased & Ref: 08/30/20 PO#01A2861 | Date Received & Ref: 08/30/20

SOLD TO: SHIPPED TO:

Name: BOULEVARD 9229 LLC
Address: 9229 QUEENS BLVD STE 11
Name: BOULEVARD 9229 LLC
Address: 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

REGO PARK, NY 11374

REGO PARK, NY 11374

Date Purchased & Ref : 09/09/20 PO#01209667 | Date Received & Ref : 09/09/20

SOLD TO: SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613

Date Purchased & Ref: 09/10/20 PO#9273 Date Received & Ref: 09/10/20

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

SYMTUZA 30CT, 800; 150; 200; 10 mg/1; mg/1; mg/1; mg/1, TABLET, FILM COATED

30 TABLET, FILM COATED in 1 BOTTLE Reference Number: 01l32699

NDC: 59676-0800-30

Document Type: INVOICE

Reference Date: 09/10/2020

 Lot Number
 Quantity
 Unique Serial #

 20EG062
 3

 20GG131
 2

 20AG853X
 1

### (TH) Transaction History (Cont.)

SOLD TO: SHIPPED TO: Name: Name: **OLYMPIA PLAZA PHARMACY INC 5901 W** OLYMPIA PLAZA PHARMACY INC 5901 W Address: OLYMPIC BLVD STE 103 Address: OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 **LOS ANGELES CA 90036** Date Purchased & Ref: 09/10/20 Date Received & Ref: 09/10/20 01S29942004 01S29942004 SOLD TO: SHIPPED TO: Name: Name: Address: Address: Date Purchased & Ref: Date Received & Ref: SOLD TO: SHIPPED TO: Name: Name: Address: Address: Date Purchased & Ref: Date Received & Ref: SOLD TO: SHIPPED TO: Name: Name: Address: Address: Date Purchased & Ref: Date Received & Ref: SOLD TO: SHIPPED TO: Name: Name: Address: Address: Date Purchased & Ref: Date Received & Ref:

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

SYMTUZA 30CT, 800; 150; 200; 10 mg/1; mg/1; mg/1; mg/1, TABLET, FILM COATED

01132699 30 TABLET, FILM COATED in 1 BOTTLE Reference Number:

NDC: 59676-0800-30

Lot Number Quantity Unique Serial # 19MG726

**Document Type:** 09/10/2020 **Reference Date:** 

**INVOICE** 

### (TH) Transaction History

Manufacturer's Name: Janssen Pharmaceuticals, Inc.

Manufacturer's information1000 U.S. Route 202 South, Raritan, NJ 08869

SOLD TO: SHIPPED TO:

Name: **Independent Pharmacy Cooperative** Name: **Independent Pharmacy Cooperative** 

1550 Columbus Street 1550 Columbus Street Address: Address: Sun Prairie, WI 53590 Sun Prairie, WI 53590

Date Received & Ref: 07/30/20 Date Purchased & Ref: 07/30/20 PO#160129

SOLD TO: SHIPPED TO:

Name: StainRx Name: StainRx Address: Address: 807 Stanley Ave

807 Stanley Ave Brooklyn, NY 11207 Brooklyn, NY 11207

Date Purchased & Ref: PO#1SN3529 08/21/20 Date Received & Ref: 08/21/20

SOLD TO: SHIPPED TO:

Name: **BNR Wholesaler** Name: **BNR Wholesaler** Address: Address: 3858 Nostrand Ave 3858 Nostrand Ave

Brooklyn, NY 11235 Brooklyn, NY 11235

Date Purchased & Ref: 08/28/20 Date Received & Ref : 08/28/20 PO#01A2849

SOLD TO: SHIPPED TO:

Name: **BOULEVARD 9229 LLC** Name: **BOULEVARD 9229 LLC** Address: Address: 9229 QUEENS BLVD STE 11 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374 **REGO PARK, NY 11374** 

Date Purchased & Ref: Date Received & Ref: 09/09/20 PO#01209667 09/09/20

SOLD TO: SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC Name: SAFE CHAIN SOLUTIONS, LLC

Address: Address: 822 CHESAPEAKE DR **822 CHESAPEAKE DR CAMBRIDGE MD 21613 CAMBRIDGE MD 21613** 

Date Purchased & Ref: 09/10/20 PO#9273 Date Received & Ref : 09/10/20

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

SYMTUZA 30CT, 800; 150; 200; 10 mg/1; mg/1; mg/1; mg/1, TABLET, FILM COATED

30 TABLET, FILM COATED in 1 BOTTLE Reference Number: 01l32699

NDC: 59676-0800-30

Document Type: INVOICE
Reference Date: 09/10/2020

Lot NumberQuantityUnique Serial #19MG7269

### (TH) Transaction History (Cont.)

SOLD TO:	SHIPPED TO:
Name: OLYMPIA PLAZA PHARMACY INC 5901 W	Name: OLYMPIA PLAZA PHARMACY INC 5901 W
Address: OLYMPIC BLVD STE 103	Address: OLYMPIC BLVD STE 103
LOS ANGELES CA 90036	LOS ANGELES CA 90036
Date Purchased & Ref : 09/10/20 01S29942004	Date Received & Ref : 09/10/20 01S29942004
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC

Reference Number: 01l32699

NDC: 61958-2501-01

Document Type: INVOICE
Reference Date: 09/10/2020

**Independent Pharmacy Cooperative** 

 Lot Number
 Quantity
 Unique Serial #

 CCZBZA
 3

 CDFXXA
 7

 CCZBWA
 4

### (TH) Transaction History

Manufacturer's Name: Gilead Sciences, Inc.

Manufacturer's information 1800 Wheeler Avenue, La Verne, CA 91750

SOLD TO: SHIPPED TO:

Name: Independent Pharmacy Cooperative Name:

Address: 1550 Columbus Street Sun Prairie, WI 53590 Address: 1550 Columbus Street Sun Prairie, WI 53590

Date Purchased & Ref: 07/28/20 PO#160120 Date Received & Ref: 07/28/20

SOLD TO: SHIPPED TO:

Name: StainRx
Address: 807 Stanley Ave
Address: 807 Stanley Ave

807 Stanley Ave
Brooklyn, NY 11207

Address: 807 Stanley Ave
Brooklyn, NY 11207

Date Purchased & Ref: 08/14/20 PO#1SN3519 Date Received & Ref: 08/14/20

SOLD TO: SHIPPED TO:

Name: BNR Wholesaler
Address: 3858 Nostrand Ave

Name: BNR Wholesaler
Address: 3858 Nostrand Ave

Brooklyn, NY 11235 Brooklyn, NY 11235

Date Purchased & Ref: 08/26/20 PO#01A2835 | Date Received & Ref: 08/26/20

SOLD TO: SHIPPED TO:

Name: BOULEVARD 9229 LLC
Address: 9229 QUEENS BLVD STE 11
Name: BOULEVARD 9229 LLC
Address: 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

REGO PARK, NY 11374

REGO PARK, NY 11374

Date Purchased & Ref : 09/09/20 PO#01209667 | Date Received & Ref : 09/09/20

SOLD TO: SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613

Date Purchased & Ref: 09/10/20 PO#9273 Date Received & Ref: 09/10/20

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC

Reference Number: 01l32699

NDC: 61958-2501-01

Document Type: INVOICE
Reference Date: 09/10/2020

Lot NumberQuantityUnique Serial #CCZBZA3CDFXXA7CCZBWA4

### (TH) Transaction History (Cont.)

SOLD TO: SHIPPED TO: Name: Name: **OLYMPIA PLAZA PHARMACY INC 5901 W** OLYMPIA PLAZA PHARMACY INC 5901 W Address: OLYMPIC BLVD STE 103 Address: OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 **LOS ANGELES CA 90036** Date Purchased & Ref: 09/10/20 Date Received & Ref: 09/10/20 01S29942004 01S29942004 SOLD TO: SHIPPED TO: Name: Name: Address: Address: Date Purchased & Ref: Date Received & Ref: SOLD TO: SHIPPED TO: Name: Name: Address: Address: Date Purchased & Ref: Date Received & Ref: SOLD TO: SHIPPED TO: Name: Name: Address: Address: Date Purchased & Ref: Date Received & Ref: SOLD TO: SHIPPED TO: Name: Name: Address: Address: Date Purchased & Ref: Date Received & Ref:

- (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) (G)
- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC

01132699 Reference Number:

NDC: 61958-2501-01

**INVOICE Document Type:** 09/10/2020

Lot Number Quantity Unique Serial # **CDGWYA CCZCFA** 3 1 022534

### (TH) Transaction History

Manufacturer's Name: Gilead Sciences, Inc.

Manufacturer's information 1800 Wheeler Avenue, La Verne, CA 91750

SOLD TO:

Name: **Independent Pharmacy Cooperative** 

1550 Columbus Street Address:

Sun Prairie, WI 53590

Date Purchased & Ref: 07/31/20 PO#160135 SHIPPED TO:

Name: **Independent Pharmacy Cooperative** 

1550 Columbus Street Address: Sun Prairie, WI 53590

**Reference Date:** 

Date Received & Ref: 07/31/20

SOLD TO:

Name: StainRx

Address: 807 Stanley Ave

Brooklyn, NY 11207

Date Purchased & Ref: PO#1SN3523 08/18/20

SHIPPED TO:

Name: StainRx

Address: 807 Stanley Ave

Brooklyn, NY 11207

Date Received & Ref: 08/18/20

SOLD TO:

Name: **BNR Wholesaler** 

Address: 3858 Nostrand Ave

Date Purchased & Ref:

Brooklyn, NY 11235

Date Purchased & Ref: 08/25/20 SHIPPED TO:

Name: **BNR Wholesaler** Address:

3858 Nostrand Ave Brooklyn, NY 11235

Date Received & Ref : 08/25/20

SOLD TO:

Name: **BOULEVARD 9229 LLC** 

Address: 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

09/09/20 PO#01209667

PO#01A2828

SHIPPED TO:

Name: **BOULEVARD 9229 LLC** Address:

9229 QUEENS BLVD STE 11

**REGO PARK, NY 11374** 

Date Received & Ref: 09/09/20

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: **822 CHESAPEAKE DR** 

**CAMBRIDGE MD 21613** 

Date Purchased & Ref: 09/10/20 PO#9273 SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: **822 CHESAPEAKE DR** 

**CAMBRIDGE MD 21613** 

Date Received & Ref : 09/10/20

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC

Reference Number: 01l32699

NDC: 61958-2501-01

Document Type: INVOICE

Lot NumberQuantityUnique Serial #CDGWYA1CCZCFA30225341

Reference Date: 09/10/2020

### (TH) Transaction History

SOLD TO:	SHIPPED TO:
Name: OLYMPIA PLAZA PHARMACY INC 5901 W Address: OLYMPIC BLVD STE 103 LOS ANGELES CA 90036	Name: OLYMPIA PLAZA PHARMACY INC 5901 W Address: OLYMPIC BLVD STE 103 LOS ANGELES CA 90036
Date Purchased & Ref : 09/10/20 01S29942004	Date Received & Ref : 09/10/20 01S29942004
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:
Date Purchased & Ref :	Date Received & Ref :

- (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) (G)
- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC

Reference Number: 01l32699

NDC: 61958-2501-01

Document Type: INVOICE
Reference Date: 09/10/2020

Lot NumberQuantityUnique Serial #CDFYDA3CCZCBA1CDFXYA2

(TH) Transaction History

Manufacturer's Name: Gilead Sciences, Inc.

Manufacturer's information 1800 Wheeler Avenue, La Verne, CA 91750

SOLD TO:

Name: Independent Pharmacy Cooperative

Address: 1550 Columbus Street

Sun Prairie, WI 53590

Date Purchased & Ref : 07/21/20 PO#160086

SHIPPED TO:

Name: Independent Pharmacy Cooperative

Address: 1550 Columbus Street Sun Prairie, WI 53590

Date Received & Ref: 07/21/20

SOLD TO:

Name: StainRx

Address: 807 Stanley Ave

Brooklyn, NY 11207

Date Purchased & Ref: 08/12/20 PO#1SN35

SHIPPED TO:

Name: StainRx

Address: 807 Stanley Ave

Brooklyn, NY 11207

08/12/20 PO#1SN3515 Date Received & Ref: 08/12/20

SOLD TO:

Name: BNR Wholesaler

Address: 3858 Nostrand Ave

Brooklyn, NY 11235

Date Purchased & Ref: 08/21/20

PO#01A2802

SHIPPED TO:

Name: BNR Wholesaler
Address: 3858 Nostrand Ave

3858 Nostrand Ave Brooklyn, NY 11235

2.00m,.., ... ..200

SOLD TO: SHIPPED TO:

Name: BOULEVARD 9229 LLC
Address: 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374

and 9 Def.

ו סחופפבט וט:

Date Received & Ref :

Name: BOULEVARD 9229 LLC
Address: 9229 QUEENS BLVD STE 11

**REGO PARK, NY 11374** 

08/21/20

Date Purchased & Ref: 09/09/20 PO#01209667 | Date Received & Ref: 09/09/20

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

**CAMBRIDGE MD 21613** 

Date Purchased & Ref: 09/10/20 PO#9273

SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Received & Ref: 09/10/20

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC

Reference Number: 01l32699

NDC: 61958-2501-01

Document Type:

Reference Date:

**INVOICE** 09/10/2020

 Lot Number
 Quantity
 Unique Serial #

 CDFYDA
 3

 CCZCBA
 1

 CDFXYA
 2

### (TH) Transaction History (Cont.)

SOLD TO:	SHIPPED TO:
Name: OLYMPIA PLAZA PHARMACY INC 5901 W	Name: OLYMPIA PLAZA PHARMACY INC 5901 W
Address: OLYMPIC BLVD STE 103	Address: OLYMPIC BLVD STE 103
LOS ANGELES CA 90036	LOS ANGELES CA 90036
Date Purchased & Ref : 09/10/20 01S29942004	Date Received & Ref : 09/10/20 01S29942004
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
	7.44.000
Date Purchased & Ref :	Date Received & Ref :
Date i dionasca a Noi .	Date Received & Rei .
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :
Date i dichased & Nei .	Date Neceived & Nei .
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
	7.00.000
Date Purchased & Ref :	Date Received & Ref :
Date Fulcilased & Nel .	Date Neceived & Nei :
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :

- (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) (G)
- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC

01132699 Reference Number:

**Reference Date:** 

NDC: 61958-2501-01

**INVOICE Document Type:** 09/10/2020

Lot Number Quantity Unique Serial # 6341502A 1 CCZCCA 1 1 6341501A

### (TH) Transaction History

Manufacturer's Name: Gilead Sciences, Inc.

Manufacturer's information 1800 Wheeler Avenue, La Verne, CA 91750

SOLD TO: SHIPPED TO:

Name: **Independent Pharmacy Cooperative** Name: **Independent Pharmacy Cooperative** 1550 Columbus Street 1550 Columbus Street

Address: Address: Sun Prairie, WI 53590 Sun Prairie, WI 53590

Date Received & Ref: 07/29/20 Date Purchased & Ref: 07/29/20 PO#160125

SOLD TO: SHIPPED TO:

Name: StainRx Name: StainRx Address: 807 Stanley Ave

Address: 807 Stanley Ave Brooklyn, NY 11207 Brooklyn, NY 11207

Date Purchased & Ref: PO#1SN3527 08/20/20 Date Received & Ref: 08/20/20

SOLD TO: SHIPPED TO:

Name: **BNR Wholesaler** Name: **BNR Wholesaler** 

Address: Address: 3858 Nostrand Ave 3858 Nostrand Ave Brooklyn, NY 11235 Brooklyn, NY 11235

Date Purchased & Ref: 08/24/20 Date Received & Ref : 08/24/20 PO#01A2820

SOLD TO: SHIPPED TO:

Name: **BOULEVARD 9229 LLC** Name: **BOULEVARD 9229 LLC** Address: Address: 9229 QUEENS BLVD STE 11 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374 **REGO PARK, NY 11374** 

Date Purchased & Ref: Date Received & Ref: 09/09/20 PO#01209667 09/09/20

SOLD TO: SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC Name: SAFE CHAIN SOLUTIONS, LLC

Address: Address: 822 CHESAPEAKE DR **822 CHESAPEAKE DR CAMBRIDGE MD 21613 CAMBRIDGE MD 21613** 

Date Purchased & Ref: 09/10/20 PO#9273 Date Received & Ref : 09/10/20

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC

01132699 Reference Number:

NDC: 61958-2501-01

**INVOICE Document Type:** 09/10/2020

**Reference Date:** 

Lot Number Quantity Unique Serial # 6341502A **CCZCCA** 1 1 6341501A

### (TH) Transaction History (Cont.)

SOLD TO: SHIPPED TO: Name: Name: **OLYMPIA PLAZA PHARMACY INC 5901 W OLYMPIA PLAZA PHARMACY INC 5901 W** Address: OLYMPIC BLVD STE 103 Address: OLYMPIC BLVD STE 103 LOS ANGELES CA 90036 **LOS ANGELES CA 90036** Date Purchased & Ref: 09/10/20 01S29942004 Date Received & Ref: 09/10/20 01S29942004 SOLD TO: SHIPPED TO: Name: Name: Address: Address: Date Purchased & Ref: Date Received & Ref: SOLD TO: SHIPPED TO: Name: Name: Address: Address: Date Purchased & Ref: Date Received & Ref: SOLD TO: SHIPPED TO: Name: Name: Address: Address: Date Purchased & Ref: Date Received & Ref: SOLD TO: SHIPPED TO: Name: Name: Address: Address: Date Purchased & Ref: Date Received & Ref:

- (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) (G)
- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC

01132699 Reference Number:

**Reference Date:** 

NDC: 61958-2501-01

**INVOICE Document Type:** 09/10/2020

Lot Number Quantity Unique Serial # CCZCDA 1 **CDFYFA** 1

### (TH) Transaction History

Manufacturer's Name: Gilead Sciences, Inc.

Manufacturer's information 1800 Wheeler Avenue, La Verne, CA 91750

SOLD TO: SHIPPED TO:

Name: **Independent Pharmacy Cooperative** Name: **Independent Pharmacy Cooperative** 1550 Columbus Street

1550 Columbus Street Address: Address: Sun Prairie, WI 53590 Sun Prairie, WI 53590

Date Received & Ref: 07/29/20 Date Purchased & Ref: 07/29/20 PO#160125

SOLD TO: SHIPPED TO:

Name: StainRx Name: StainRx Address: 807 Stanley Ave

Address: 807 Stanley Ave Brooklyn, NY 11207 Brooklyn, NY 11207

Date Purchased & Ref: PO#1SN3521 08/17/20 Date Received & Ref: 08/17/20

SOLD TO: SHIPPED TO:

Name: **BNR Wholesaler** Name: **BNR Wholesaler** Address: Address: 3858 Nostrand Ave 3858 Nostrand Ave

Brooklyn, NY 11235 Brooklyn, NY 11235

Date Purchased & Ref: 08/26/20 Date Received & Ref : 08/26/20 PO#01A2835

SOLD TO: SHIPPED TO:

Name: **BOULEVARD 9229 LLC** Name: **BOULEVARD 9229 LLC** Address: 9229 QUEENS BLVD STE 11 Address: 9229 QUEENS BLVD STE 11

REGO PARK, NY 11374 **REGO PARK, NY 11374** 

Date Purchased & Ref: Date Received & Ref: 09/09/20 PO#01209667 09/09/20

SOLD TO: SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC Name: SAFE CHAIN SOLUTIONS, LLC

Address: Address: **822 CHESAPEAKE DR 822 CHESAPEAKE DR CAMBRIDGE MD 21613 CAMBRIDGE MD 21613** 

Date Purchased & Ref: 09/10/20 PO#9273 Date Received & Ref : 09/10/20

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

BIKTARVY 30CT, 50; 200; 25 mg/1; mg/1; mg/1, TABLET, 30 TABLET in 1 BOTTLE, PLASTIC

Reference Number: 01l32699

NDC: 61958-2501-01

Document Type:

INVOICE

Lot NumberQuantityUnique Serial #CCZCDA1CDFYFA1

Reference Date: 09/10/2020

### (TH) Transaction History (Cont.)

SOLD TO:	SHIPPED TO:
Name: OLYMPIA PLAZA PHARMACY INC 5901 W	Name: OLYMPIA PLAZA PHARMACY INC 5901 W
Address: OLYMPIC BLVD STE 103	Address: OLYMPIC BLVD STE 103
LOS ANGELES CA 90036	LOS ANGELES CA 90036
Date Purchased & Ref : 09/10/20 01S29942004	Date Received & Ref : 09/10/20 01S29942004
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Address.	Address.
Date Purchased & Ref :	Date Received & Ref :
	24.0 1.0001.04 4 1.01 1
SOLD TO:	SHIPPED TO:
Name:	Name:
Address:	Address:
Address.	Address.
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	
	Name:
Address:	Address:
Date Purchased & Ref :	Date Received & Ref :
SOLD TO:	SHIPPED TO:
Name:	
	Name:
Address:	Address:
Deta Demakasa d 0 Defa	Data Barahard & Bata
Date Purchased & Ref :	Date Received & Ref :

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

STRIBILD TAB 30CT, 150/150/200/300 MG NDC: 61958-1201-01

Lot Number Quantity Unique Serial # 016341 1

Reference Number: 01l32805
Document Type: Invoice

Reference Date: 09/11/20

### (TH) Transaction History

Manufacturer's Name: GILEAD SCIENCES, INC

Manufacturer's information 800 WHEELER AVENUE LA VERNA, CA 91750

SOLD TO:
Name: DROGUERIA BETANCES
Address: LUIS MUNOZ MARIN AVE
CAGUAS PR 00725

SHIPPED TO:
Name: DROGUERIA BETANCES
Address: LUIS MUNOZ MARIN AVE
CAGUAS PR 00725

Date Purchased & Ref 09/1/20 114221 | Date Received & Ref 09/1/20 114221

SOLD TO: SHIPPED TO:

Name: GENTEK LLC | Name: GENTEK LLC

Address: 45 CEDAR ST UNIT 3 Address: 45 CEDAR ST UNIT 3 STAMFORD CT 06902 STAMFORD CT 06902

Date Purchased & Ref: 09/04/20 85115 | Date Received & Ref: 09/04/20 85115

SOLD TO: SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

Name: SAFE CHAIN SOLUTIONS

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613 CAMBRIDGE MD 21613

Date Purchased & Ref : 09/10/20 PO#01209685 || Date Received & Ref : 09/10/20 RC#014110

SOLD TO: SHIPPED TO:

Name: OLYMPIA PLAZA PHARMACY INC
Address: 5901 W OLYMPIC BLVD STE 103

Name: OLYMPIA PLAZA PHARMACY INC
Address: 5901 W OLYMPIC BLVD STE 103

LOS ANGELES CA 90036 | LOS ANGELES CA 90036

Date Purchased & Ref : 09/11/20 01S30135001 Date Received & Ref : 09/11/20 01S30135001

SOLD TO: SHIPPED TO: Name:

Address: Address:

Date Purchased & Ref : Date Received & Ref :

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 1 of 1 pages.